



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Petra Ansari et al

Art Unit : Unknown

Serial No.: 10/823,815

Examiner: Unknown

Filed

: April 14, 2004

Title

: HANDHELD TOOTHBRUSH

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

REQUEST FOR CORRECTED OFFICIAL FILING RECEIPT

Applicant request that the inventor's name be corrected on the Filing Receipt for the above application.

Please correct the inventor's name to read as follows:

Andreas Birk

Please supply a corrected Filing Receipt to the undersigned with respect to this application. A copy of the original Filing Receipt showing the desired changes in red ink is attached for your convenience.

No fee is believed to be due. If, however, there are any charges or credits, please apply them to Deposit Account No. 06-1050.

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Lindsie Cahill

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Applicant: Petra Ansari et al

Serial No.: 10/823,815 Filed: April 14, 2004

Page : 2 of 2

Attorney's Docket No.: 02894-632001 / 06767

Respectfully submitted,

Date: July 1, 2004

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CONFIRMATION NO. 5627

FILING RECEIPT

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Date Mailed: 06/25/2004

Receipt is acknowledged of this regular Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Filing Receipt Corrections, facsimile number 703-746-9195. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

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